

FILED DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44212  
STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>Iron County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Ironton</u>				c. CITY OR TOWN <u>Union Township</u> <u>1140</u>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hosp.</u>				d. STREET ADDRESS (If outside, give location) <u>Cannon Mines, Mo.</u>			
3. NAME OF DECEASED (Type or print) First <u>Elsie</u> Middle <u>Dora</u> Last <u>Stephenson</u>				4. DATE OF DEATH Month <u>12</u> Day <u>18</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>3-17-1896</u>	
9. AGE (In years last birthday) <u>61</u>		10. FUNDING YEAR Months <u>9</u> Days <u>1</u>		11. BIRTHPLACE (City and state or country) <u>Cannon Mines, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>			
13a. FATHER'S NAME <u>Mac Boyer</u>				13b. MOTHER'S MAIDEN NAME <u>Maggie Boyer</u>			
14. NAME OF HUSBAND OR WIFE <u>Preston C. Stephenson</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT <u>Preston C. Stephenson, Blackwell, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMA OF LUNG &amp; PLEURA</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 MONTHS</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>CARCINOMA OF BREAST</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>170X</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____			
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>10:50 A. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Marion C. Menne, M.D.</u>				22b. ADDRESS <u>Ironton, Mo.</u>			
22c. DATE SIGNED <u>12-19-57</u>				23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
23b. DATE <u>12-20-1957</u>				23c. NAME OF CEMETERY OR CREMATORY <u>St Joachims Cemetery</u>			
23d. LOCATION (City, town, or county) <u>Old Mines, Missouri</u>				24. FUNERAL DIRECTOR <u>Arthur W. Smith, Ironton, Mo.</u>			
25. DATE RECD. BY LOCAL REG. <u>Dec. 19, 1957</u>				26. REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *C. H. Hamell* .....

Licensed Embalmer No. *3678* .....

P. O. Address *Quinton, MO* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.